

Med Supp Prospecting Material Overprint Order Form

Use to Order Medicare Supplement Prospecting Material as seen on Sales Professional Access

To Order:

- All sections must be completed in full or your order will be delayed
- Questions: call 800-693-6083, ext 2186
- FAX to 402-351-1431 or email to: jo.becerra@mutualofomaha.com
- You will be e-mailed a PDF to review and approve before printing
- Allow 2 to 3 days for letters and 1 to 2 weeks for mailers (dependent on current volume of orders)
- If you own and want to utilize mailing permit(s); contact jo.becerra@mutualofomaha.com

Producer Material Is Being Requested For (Required)

Name _____ Producer Number _____

E-mail:(for review) _____ Phone Number _____

Requested By: (required if other than above)

Name _____ Phone Number _____

E-mail: _____ Check here if you want to be copied on approval

PROSPECTING ITEMS: (Not available in every state)

Qty:

_____ Med Supp Policy Retention Post Card (size 6x4.25); Note: **For open enrollment period only**

_____ Med Supp Plan with Confidence Post Card (9x6)

_____ Postcard with rates (9x6)

_____ CF eAPP Rated Postcard (9x6)

Unique URL code: _____ (required)

URL Address: choose one: "MedSuppBasics.com" or "ApplyForMedSupp.com"

_____ Reply-mailer with rates (tri-fold folded and sealed per USPS requirements)

_____ 8.5 x 11 four-color flyer/insert with rates

Letter with rates (you will be e-mailed a PDF that you print as needed)

Cover letter for "5 Reasons to buy a Med Supp Ins Policy" Brochure
(you will be e-mailed a PDF that you print as needed)

*****THIS SECTION MUST BE COMPLETED FOR RATED MATERIAL*****

Rate Information

- We only provide **the nontobacco, female rates** and disclosure based on the information you provide here.
- **Ages begin at 65; you can advertise up to 3 ages and up to 2 plans**

State	ZIP code(s) for ZIP-rated states	Age(s)	Med supp plan(s)

Note: Agency Name

Not required; if utilizing an Agency Name; must be listed within your hierarchy in Mutual of Omaha's records.

Contact Information

Information to be printed on requested piece.

Agency Name _____

Agent Name _____

Phone Number _____

E-mail Address _____

Return Address -Applies to postcard and reply-mailer:

Agency Name _____

Agent Name _____

PO Box or Street Address _____

City, State, ZIP _____

Reply Mail Address – Applies to reply-mailer only.

Agency Name _____

Agent Name _____

PO Box or Street Address _____

City, State, ZIP+4 _____

Shipping Instructions: (Items are shipped UPS)

Company _____

Attention _____

Street Address (cannot ship to a P.O. box) _____

City, State, ZIP _____